



**INSTRUCTIONS:**

In accordance with Sections 14-275c(b) and 14-276, of the Connecticut General Statutes, any person who holds a Public Passenger Endorsement/Restriction to transport school children or special education students and who has attained 70 years of age or older must submit to DMV, at least twice a year, a report that they have passed a physical examination within 90 days of the request for such report. The report that must be completed **and signed by a licensed physician** and submitted to DMV appears below.

- Section 1 must be completed, signed, and dated by the driver.
- Section 2 must be completed, signed, and dated by the physician who examines the driver.
- Section 3 (*on reverse*) contains the Physical Standards and Instructions to Physicians.
- MAIL this completed and signed report to DMV by the due date using the envelope enclosed.

<b>SECTION 1</b> <i>(To be completed, signed, and dated by driver)</i>	NAME AND ADDRESS OF DRIVER					
	DATE OF BIRTH		SEX <input type="checkbox"/> M <input type="checkbox"/> F	OPERATOR LICENSE NUMBER & STATE OF ISSUE		PUBLIC PASSENGER ENDORSEMENT/RESTRICTION NO. (If renewed)
	<b>DRIVER'S CERTIFICATION AND AUTHORIZATION:</b> I certify under penalty of false statement that the information provided to the physician is true and correct to the best of my knowledge and belief. I hereby authorize the physician completing and signing this medical report to release to DMV this report and any other medical information necessary for DMV to determine my fitness to operate a motor vehicle safely.					SIGNATURE OF DRIVER X  DATE SIGNED:
<b>SECTION 2</b> <i>(To be completed, signed, and dated by a licensed Physician)</i>	HEIGHT	WEIGHT	OBESITY <input type="checkbox"/> NO <input type="checkbox"/> YES		PULSE RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	
	HEARING AID USED FOR TESTS <input type="checkbox"/> NO <input type="checkbox"/> YES		HEARING AID REQUIRED FOR DRIVING <input type="checkbox"/> NO <input type="checkbox"/> YES		BLOOD PRESSURE	
	WHISPERED TEST RESULTS: Record distance from individual at which forced whispered voice can first be heard:		RIGHT EAR	FT	LEFT EAR	FT
	VISION:	RE	LE	BOTH EYES	VISUAL FIELDS:	RE
					COLOR PERCEPTION	
	AUDIOMETRIC TEST RESULTS 500 Hz   1000 Hz   2000 Hz   500 Hz   1000 Hz   2000 Hz Right Ear Average:   Left Ear Average:					
	GLASSES/CORRECTIVE LENSES REQUIRED WHILE DRIVING <input type="checkbox"/> NO <input type="checkbox"/> YES					
<b>DOES THE DRIVER HAVE PHYSICAL EVIDENCE, CURRENT CLINICAL DIAGNOSIS, OR HISTORY OF ANY OF THE FOLLOWING MEDICAL CONDITIONS? INSERT BRIEF COMMENTS FOR ANY "YES" ANSWER(S), AS WELL AS PRESCRIBED MEDICATIONS AND DOSAGES, AND WHETHER DRIVER'S CONDITION(S) WILL IMPACT THEIR ABILITIES TO OPERATE A SCHOOL TRANSPORTATION VEHICLE SAFELY. IF NECESSARY, YOU MAY ATTACH ADDITIONAL INFORMATION.</b>						
<b>A.</b>  SYMPTOMATIC ARTERIO-SCLEROTIC HEART DISEASE	ARRHYTHMIA <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		INFARCTION <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		ANGINA <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
	PACEMAKER <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)					
<b>B.</b>  CEREBRAL DYSFUNCTION	SEIZURE DISORDER <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		ANY OTHER CONDITION(S) LIKELY TO CAUSE ALTERED OR LOSS OF CONSCIOUSNESS OR ABILITY TO CONTROL A MOTOR VEHICLE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)			
	EXPLAIN ANY YES ANSWERS					
<b>C.</b>  DIABETES	INSULIN DEPENDENT <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		ORAL HYPOGLYCEMICS <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		HYPOGLYCEMIA <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
	EXPLAIN ANY YES ANSWERS					
<b>D.</b>  SUBSTANCE ABUSE (INDICATION)	ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		HABIT-FORMING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		ADDICTIVE DRUGS OR SUBSTANCES <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
	URINALYSIS PERFORMED <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)					
<b>E.</b>  PSYCHO-BEHAVIORAL DISORDER(S)	PSYCHOBEHAVIORAL DISORDER(S) <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN TYPE(S) OF DISORDER(S) IF ANSWER IS YES)					
<b>F.</b>  OTHER DISORDER(S)	OTHER DISORDERS <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN TYPE(S) OF DISORDER(S) IF ANSWER IS YES)					

**PHYSICIAN'S CERTIFICATION: I HEREBY CERTIFY THAT I HAVE CORRECTLY REPORTED THE FINDINGS OF MY EXAMINATION.**

NAME AND OFFICE ADDRESS OF EXAMINING PHYSICIAN (Print or Type)

SIGNATURE OF PHYSICIAN X	PHYSICIAN'S LICENSE NUMBER AND ISSUING STATE	DATE OF EXAMINATION
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### **SECTION 3 - PHYSICAL STANDARDS AND INSTRUCTIONS TO PHYSICIANS**

#### *Minimum Physical Standards for Operators of Public Service Motor Vehicles and Service Buses*

##### **Sec. 14-44-1**

- (a) No person shall be issued a license for the operation of a public service motor vehicle or service bus pursuant to section 14-44 of the General Statutes or have such license renewed unless he first submits evidence on a form prescribed by the commissioner that he has successfully completed a physical examination given by a licensed doctor of medicine or osteopathy except that an optometrist may perform that portion of the medical examination which pertains to visual acuity, field of vision and the ability to recognize colors.
- (b) A person shall be deemed to have successfully passed the physical examination required in subsection (a) of this regulation if the person:
- (1) Has no loss of a foot, a leg, a hand, or an arm or has been granted a waiver by the commissioner of motor vehicles. No waiver shall be granted unless the person has submitted to the commissioner a medical examiner's certificate stating that he or she is physically qualified to drive such vehicle;
  - (2) Has no impairment of the use of a foot, a leg, a hand, fingers or an arm, and no other structural defect which is likely to interfere with his or her ability to control and safely drive the vehicle or has been granted a waiver as described in subdivision 1;
  - (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. No waiver of this requirement shall be considered by the commissioner unless the applicant has submitted to the commissioner a physician's certificate stating that the applicant is physically qualified to drive such vehicle and the applicant completes a department of motor vehicles questionnaire concerning his or her diabetic condition. No waiver shall be granted unless both the certificate and questionnaire clearly show that the applicant has not suffered from altered consciousness due to hypoglycemia within five years of submitting such form or questionnaire;
  - (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
  - (5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his or her ability to control and drive a motor vehicle safely;
  - (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to operate a motor vehicle safely;
  - (7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his or her ability to control and operate a motor vehicle safely;
  - (8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
  - (9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his or her ability to drive a motor vehicle safely;
  - (10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals, and devices showing standard red, green, and amber;
  - (11) First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (Formerly ASA Standard) Z24.5 - 1951;
  - (12) Does not use an amphetamine, narcotic or any habit-forming drug; and
  - (13) Has no current clinical diagnosis of alcoholism.

##### **INSTRUCTIONS TO PHYSICIAN:**

This Form R-167A must reflect the results of your personal examination of the applicant within 90 days of the due date of the report.

**Numerical readings must be recorded for: Blood pressure, hearing, and vision.** This Form R-167A contains an area after each health category for explanation(s) of any "Yes" answer(s). **As an example:** An applicant has a pacemaker and the examining physician included in the comments area that the pacemaker was implanted X number of years ago, patient is stable and condition is monitored on an X basis. These additional comments may be acceptable and the applicant may not be required to file additional medical information.

**HEARING TEST RESULTS:** A physician must indicate whether a hearing aid were used for tests, as well as if the person must wear hearing aids while driving; and a physician may administer **either** the whispered test **or** an audiometric test. If there is a question whether a person meets the minimum standards and an audiometric test is administered, a copy of the results of the audiometric test should be attached to this form.